

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

35366

1. PLACE OF DEATH

103 County Stoddard  
Township Pike  
City Bell City

Registration District No. 834  
Primary Registration District No. 6097

File No. \_\_\_\_\_  
Registered No. 33  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 11 mos. 10 ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/21/1931

7. AGE / YEARS MONTHS 10 DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
11 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_

11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Bell City, Mo.  
(STATE OR COUNTRY) Stoddard Co., Mo.

13. NAME Albert McCallum

14. BIRTHPLACE (CITY OR TOWN) Stoddard Co., Mo.  
(STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME Leona Fortner

16. BIRTHPLACE (CITY OR TOWN) Bloomfield, Mo.  
(STATE OR COUNTRY) Stoddard Co., Mo.

17. INFORMANT Albert McCallum,  
(ADDRESS) Bell City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pick Creek Chapel DATE 10/21, 1933

19. UNDERTAKER J. S. Chiles  
(ADDRESS) Bloomfield, Mo.

20. FILED 10-11, 1933 M. McNeely  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/1, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/22, 1933, to 10/1, 1933

I last saw him alive on 9/30, 1933. Death is said to have occurred on the date stated above, at 6:20 P. M.

The principal cause of death and related causes of importance were as follows: Malaria Complicated with nephritis Date of onset \_\_\_\_\_

Other contributory causes of importance: 3615

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) C. D. Bennett, M. D.

(Address) Bell City, Mo.

